

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#280
Lobbyist's Registration Number**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 10/2/06

LSupp

1061540

1. NAME Womack Randall W.
Last First MI2. BUSINESS PHONE 225-344-03813. BUSINESS ADDRESS 521 Laurel Street Baton Rouge LA 70802
Street and No. City State ZipMAILING ADDRESS Same as above
Street and No. City State Zip4. EMPLOYER Harris, DeVille & Associates, Inc.5. EMPLOYER'S ADDRESS 521 Laurel Street Baton Rouge LA 70801
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☐ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Associated General Contractors, Inc. (LAGC)Address 1616 North Street Baton Rouge LA 70802Business or purpose Roads/General Construction☒ New RepresentationDoes this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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3368
Lobbyist's Registration Number

2. Name Louisiana Cable & Telecommunications Association (LCTA)

Address 763 North Street, Baton Rouge, LA 70802

Business or purpose Cable & Telecommunications

☒ New Representation

Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

ID # 3368

3. Name _____

Address _____

Business or purpose _____

☐ New Representation


Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist